REPLY TO
ATTENTION OF

MCHS-IS   13 May 2004

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Minutes of the US Army Medical Command Data Quality for AMEDD Success Team (DQFAST)

1. The DQFAST met in Room 107, US Army Patient Administration Systems and Biostatistics Activity (PASBA) Conference Room, Building 126, at 1230 on 20 April 2004.

   a. Members Present:

   MAJ Deborah Wesloh, Acting Team Leader, PASBA
   LTC Leo Bennett, Quality Management Division (QMD), MEDCOM
   Ms. Mona Bacon, Army MEPRS Program Office (AMPO), MEDCOM
   Ms. Garnet Robinson, Data Quality Section, PASBA
   Mr. Gregory Padilla, Resource Management (RM), MEDCOM

   b. Members Absent:

   LTC David Petray, RM, MEDCOM
   MAJ Joan Ulsher, Decision Support Branch, PASBA
   MAJ Deidra Briggs-Anthony, Data Management Branch, PASBA
   CPT Misty Blocker, Decision Support Cell, Office of The Surgeon General
   Ms. Jo Anne Cyr, ACofS, Program, Analysis and Evaluation, MEDCOM
   Ms. Jan Leaders, TRICARE Operations Division, MEDCOM
   Ms. Joan Richwine, IBA
   Mr. Ron James, Data Analysis Section, PASBA
   Mr. Timothy Fannin, Internal Review, MEDCOM

   c. Others Present:

   Ms. Paulette Richards, Representing RM, MEDCOM
   Mr. Tim Bacon, Data Quality Section, PASBA

2. Opening Remarks.   None.

3. Old/Ongoing Business.

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   a. Quality Management. Clinical/Clinical Practice Guidelines (CPGs). LTC Bennett did not have information on the actual number of subscribers to the Army Population Health Portal that is being used to populate their data for the Diabetes Metric; but, the number of subscribers/users is increasing. The medical treatment facility (MTF) Deputy Commanders were recently informed that the Army Population Health Portal is available to assist their data needs for Diabetes CPG Metrics during monthly Deputy Commander for Clinical Services (DCCS) video teleconferences (VTCs). The DCCSs were appraised of the importance of the data that is reported to AMEDD leadership during Balanced Scorecard.

   b. Data Quality.

      (1) Metrics.

         (a) Mr. Bacon reported that in March 2004 there was a change to our query criteria for the Provider Specialty Code Metric. On the Standard Ambulatory Data Record there is a field name for provider specialty code, this is a three position numeric field. In the past our query looked for any value in this field. If the field position was blank then that record was a fail, if there was any value in this field then the record was a pass. The query criteria now states that there should be a value in this field and the value should not be greater than 905. This change has required facilities to review what provider specialty code they used to identify each provider within their facility. Many facilities are finding they have used a value greater than 905, which identifies clinics not providers. It will probably be 1-2 months before we see a significant improvement in this metric, enclosure 1 and 2.

         (b) Standard Inpatient Data Record (SIDR) Metric, enclosure 3 and 4. The sites that are not green on this metric are due to coder/coding related issues. The sites are either short of coders or they are working on a backlog of records to be coded.

         (c) The PASBA has initiated a number of efforts to assist sites in their coding efforts. Some of these efforts are a Coding Status Report reflecting the various areas the Coding Help Desk has addressed, enclosure 5. Monthly VTCs are being conducted by PASBA to address coding related issues, enclosure 6. The PASBA also did a report on Late Effects and its impact on coding, enclosure 7. Several site visits were conducted by PASBA staff to assist facilities in their coding efforts.

         (d) Ms. Bacon, the AMPO representative, asked if PASBA created the slides that address the decline in SIDR compliance that is briefed to LTG Peake, and if the PASBA Director attended the Review &Analysis (R&A) briefing. She was informed that

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PASBA did not create the R&A slides on SIDR compliance and the PASBA Director did not participate in the R&A briefings.

    (2) <u>DQMC Program Issues.</u>

      (a) Ms. Robinson stated that at the last Tri-service DQMCP workgroup meeting the question on who should be responsible for keeping the provider specialty codes up-to-date within each facility was addressed. All three services want to get more clarification on whom or what activity should be responsible from within each facility. The workgroup will research the issue and discuss efforts on how to improve this data quality issue.

      -- Ms. Robinson reported that within the DQMC Program there continues to be three primary problems areas.

      -- Coding within specified time frames: Encounters within three business days, currently at 80 percent compliance; Ambulatory Procedure Visits within 15 calendar days, currently at 77 percent compliance; and inpatient coding within 30 days of discharge, currently at 92 percent compliance.

      -- Coding audits: Evaluation & Management coding is currently at 84 percent compliance; coding for International Classification of Diseases is currently at 80 percent compliance; and coding for Current Procedural Terminology is at 92 percent compliance. The PASBA is currently working with sites to help improve compliance through VTC training on coding, online educational training, MTF site visits, and the PASBA website.

      -- Collection of other health insurance information on Department of Defense Form 2569. Currently there is a workgroup discussing this issue. The workgroup is looking at where the best point-of-entry is for capturing this information. They are currently considering the TRICARE enrollment office, the registration office within each hospital, at the individual clinics providing patient treatment or when the patient makes the initial appointment. Out of these previously mentioned locations the workgroup is working to determine whether one or more locations would be best to capture this other health insurance information.

      -- The next TRICARE Data Quality Course is scheduled for 25-27 May 2004. The course is geared towards data quality managers and members of the MTFs data quality assurance teams. Although other interested individuals are welcome to request attendance.

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c. Coding.

    (1) Current Issues/Solutions. MAJ Wesloh stated two representatives from PASBA are in Europe conducting site visits. The two representatives are working with the local facilities on preparing for the implementation of the Coding Compliance Editor (CCE) and the Composite Health Care System, Version II (CHCS II). There have been numerous site visits to other facilities in addition to Europe. There are several enclosures attached that address various topics within the coding arena, enclosures 5, 6, and 7.

    (2) Systems Status (CCE, Provider-Graphic User Interface, and CHCS II,). No report at this time.

d. Resource Management.

    (1) Current RM issues. Ms. Richards stated that RM is currently looking at MTF business plans and various data quality items. The RM office has noticed an increase in the codes used for Soldier Readiness Processing (SRP).

    (2) Ms. Bacon, the AMPO representative, addressed the Medical Expense and Performance Reporting System (MEPRS).

    a. The AMPO has established a functional cost code of BHA2 to capture the workload generated through SRP activities. There has been a steady increase in reporting workload attributable to SRP. Capturing immunization workload still needs to improve.

    b. They have received questions about the data used by the Decision Support Center's website, specifically on business plan queries. Some of the expenses used are currently under review for accurateness.

    c. There will be a meeting this week to discuss costing data within the M2 repository. Part of this meeting will address how some of the costing data within the M2 was derived, what formulas were used when calculating values.

    d. Ms. Bacon forwarded an e-mail to COL Clark on a Tele-health policy memorandum. This memorandum consists of many coding related items. There appears to be some confusion about coding related issues when using telemedicine. Ms. Bacon thought PASBA would have some feedback to provide on coding and workload related topics.

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        e. <u>Data Quality for Deployed Units.</u>   MAJ Wesloh reports that receiving inpatient
records in a timely manner from deployed units is still an obstacle for PASBA. The
PASBA receives count numbers on a weekly basis from deployed units, but the actual
patient data is not always received in a timely manner. The PASBA staff are receiving
and coding records, checking the overall quality of data within the records, entering the
data into the system, and finally ensuring the retirement of appropriate medical records.
While this work is being done on inpatient records for deployed units there is still much
work to be done on improving the processing of outpatient records for these same units.

4. New Business. Mr. Padilla questioned whether some recent guidance will help
improve the capturing of workload attributable to the Global War on Terrorism (GWOT).
This guidance restated past guidance on how cost was to be accounted for under
GWOT. Several MTFs are not following the guidance on how to account for workload
and cost. This particular subject is still being addressed.

5. The meeting adjourned at 1330. The next meeting will be on 18 May 2004.

                                                                /s/
7 Encls   DEBORAH WESLOH
as   MAJ, MS
                                                Acting DQFAST Team Leader

DISTRIBUTION:
1-Each Committee Member